

**Course Number:** 

**Sponsor Name:** 

**Course Date(s) Attended:** 

# Minnesota Board of Peace Officer Standards and Training

1600 University Avenue, Suite 200 St. Paul, MN 55104-3825 (651) 643-3060 • Fax (651) 643-3072 www.post.state.mn.us

### **Affidavit of Attendance**

Beginning July 1, 2016, the POST Board will maintain continuing education credits for each officer who attends POST approved training. Continuing Education Sponsors are required to submit this "Affidavit of Attendance" form within 2 weeks after each training session. Even though the POST Board is maintaining continuing education credits, sponsors must continue to maintain a list of licensed peace officers and part-time peace officers who have successfully completed this course. We encourage sponsors to submit the "Affidavit of Attendance" via E-mail at <a href="mailto:POSTBoard.Continuing.Education-Rosters@state.mn.us">POSTBoard.Continuing.Education-Rosters@state.mn.us</a>. We will also accept the rosters by mail or fax. This form can be found on the POST Board's website at <a href="mailto:www.post.state.mn.us">www.post.state.mn.us</a> under "Forms."

# Course Title: | Contact Person: | Email: | Phone: | | Date Course Approved: | Date Course Expires: |

#### **ATTENDEES Attendee Name:** Hours License **Attendee Name:** License Hours **Number:** Attended **Number:** Attended 8. 1. 2. 9. 3. 10. 4. 11. 5. 12. 6. 13. 7. 14.

<b>Sponsor Affirmation:</b> As a representative of the continuing education sponsor, I affirm the information on this form is complete and accurate and those individuals listed attended for the number of hours indicated and successfully completed the course.				
Sponsor Representative Signature:	Date:			
Please Print Signature Written Above:	Phone:			

## **Affidavit of Attendance Form Continued**

License Number:	Attendee Name:	Hours Attended	License Number:	Attendee Name:	Hours Attended
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